

CITY OF DANBURY
HEALTH AND HOUSING DEPARTMENT
155 DEER HILL AVENUE, DANBURY, CT.
(203)797-4625

**TEMPORARY
LICENSE**

APPLICATION FOR LICENSE TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

All questions must be completed before issuance of license.

1. TEMPORARY EVENT: _____
DATE(S) OF EVENT: _____
LOCATION OF EVENT: _____

2. NAME OF ESTABLISHMENT/SPONSOR: _____
3. ADDRESS OF ESTABLISHMENT/SPONSOR: _____
4. DAYTIME TELEPHONE NUMBER: _____
5. NAME OF OWNER/OPERATOR: _____
6. ADDRESS OF OWNER/OPERATOR: _____
7. TELEPHONE NUMBER IN CASE OF EMERGENCIES: _____

I certify that I will contact a food inspector for a meeting to review the compliance guide for operation of temporary food services prior to commencement of the event. I declare that I will maintain my food service establishment in compliance with the regulations set forth in Section 19-13-B42 of the Connecticut Health Code, and with the Food Service Ordinance of the City of Danbury. I understand that failure to do so may result in suspension of my license to operate.

_____(Signature of owner or manager)

(OFFICE USE ONLY)

Receipt #		FEE	REVIEW MEETING:
		\$35.00	INSPECTOR: DATE:

TEMPORARY FOOD SERVICE LICENSE

This is to certify that _____ is granted a license to operate a temporary food service for a period not to exceed fourteen days from date of issuance.

APPROVAL: _____ DATE: _____